

Date:	Prevention Provider:	Intervention Name: Cycle Number:
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HIV Risk Behavior Questionnaire II
(completed at last session)

The following information is needed to identify you as a participant in this program while maintaining your confidentiality.

1st & 3rd letter of your **first name** _____

1st & 3rd letter of your **last name** _____

Your birth date (month/day/year): ____/____/____

Your age: _____

1. **If asked to demonstrate how to use a condom correctly, do you feel confident that you can do this?**
☐ No ☐ Yes

2. **After participating in the HIV prevention program, which of the following is true for you? (check all that apply)**
 - ☐ **I learned my behavior is not putting me at risk for HIV or other STDs**

 - ☐ **I recognize my behaviors that put me at risk for HIV and STDs and I am thinking about making the following changes (check all that apply)**
 - ☐ I will reduce the number of sex partners I have sex with during a given period of time
 - ☐ I will increase my use of condoms when I have anal or vaginal sex
 - ☐ I will use condoms anytime I don't know my partners HIV/STD status
 - ☐ I will not share used drug injection equipment
 - ☐ I will seek treatment for my addiction
 - ☐ I will reduce my use of drugs or alcohol
 - ☐ Other (please specify) _____

 - ☐ **I recognize my behaviors that put me at risk and I have taken steps to reduce my risk of HIV and STDs; please identify steps you have taken (please choose all that apply):**
 - ☐ I reduced the number of partners I have sex with
 - ☐ I am committed to a monogamous relationship (only have one sex partner)
 - ☐ I am using condoms more often
 - ☐ I talked to my last sex partner about the risks of HIV and STDs
 - ☐ I have insisted on condom use with my sex partner(s)
 - ☐ I have enrolled in treatment for my addiction
 - ☐ I have changed my pattern of drug or alcohol use
 - ☐ I refused to share drug injection equipment
 - ☐ I have a plan for cleaning or obtaining sterile drug injection equipment
 - ☐ Other (please specify) _____

 - ☐ **I recognize my behaviors that put me at risk for HIV and STDs but do not plan on changing my behavior; please identify why:**
 - ☐ I do not think the risk is great enough
 - ☐ I have difficulty negotiating for safer sex, for example its difficult to ask my partner(s) to use a condom
 - ☐ I am afraid my partner will not have sex with me
 - ☐ I am afraid I might loose my partner
 - ☐ My addiction is not putting me at risk for HIV and STDs
 - ☐ Cleaning my drug injection equipment is too much trouble
 - ☐ Other (please specify) _____

Continued from HIV Risk Behavior Questionnaire (administered last session)

3. Please help us improve our programs by rating the statements and supplying answers to the questions below. Your answers will allow us to offer feedback to the instructor and will be used for program improvement.

	Not at all		Half the time		To a great extent
1. I clearly understood the goals of each HIV/STD prevention session.	1	2	3	4	5
2. The prevention educator appeared to know the information well.	1	2	3	4	5
3. The information was delivered in a way that was understandable.	1	2	3	4	5
4. There was plenty of time to have questions answered.	1	2	3	4	5
5. The facilitator was respectful of participant's experiences, ideas, and contributions.	1	2	3	4	5

Is there anything you would suggest to make this program better or that you think would help people change their risk behavior for HIV, STDs, or hepatitis?

What did you like **best** about this program or what did you think was most important?

What did you like **least** about this program? Why did you not like this part?

Thank you for providing us with this information!

We value your responses and we hope this program has given you tools to make healthy life choices.